

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECLECTIC GORILLA STUDIOS			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016		
Mailing Address 4842 DAVENPORT STREET, NW			Amount 2400.00		
City WASHINGTON	State DC	Zip Code 20016	Transaction ID : SE24.629		
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2016		
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		2870118.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016		
Mailing Address 2200 WILSON BLVD. STE. 102-533			Amount 4559.99		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.630		
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2016		
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		2870118.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6959.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY
05 / 27 / 2016

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016	
Mailing Address PO BOX 37046		Amount 2405250.00	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.616
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 25 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016	
Mailing Address PO BOX 37046		Amount 456159.00	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.617
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 25 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2861409.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 1000.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.001
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2016	
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FACEBOOK, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016	
Mailing Address 1601 WILLOW ROAD		Amount 150.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE24.002
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate)	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2016	
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016	
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount 350.00	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : SE24.003
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee TWITTER INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016	
Mailing Address 1355 MARKET STREET STE. 900		Amount 250.00	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : SE24.004
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2870118.99

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